

Tracking Prevalence of New Health Conditions Results from the 2011 BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys created by the Centers for Disease Control and Prevention (CDC) in 1984 to gather information on the health of adults ages 18 years and older. The BRFSS is an annual random digit-dial telephone survey conducted through a cooperative agreement with the Centers for Disease Control and Prevention, and all states and the District of Columbia participate. State health departments conduct the BRFSS surveys continuously through the year using a standardized core questionnaire and optional modules. More than 500,000 interviews were completed via landline and cell phone in 2011. The BRFSS is the sole source of state-level health risk factors, behaviors and prevalence of certain chronic conditions. Many health conditions are not reportable; hence, prevalence data must be obtained from another source.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Respondents have the tendency to underreport behaviors that may be considered socially unacceptable, such as smoking and driving after drinking alcohol. Conversely, respondents may overreport behaviors that are desirable, such as physical activity.

Background

Beginning in 2011, the core questionnaire was expanded to include questions on additional chronic conditions: skin cancer, other types of cancer, chronic obstructive pulmonary disease (COPD)/emphysema/chronic bronchitis, depressive disorders (including depression, major depression, dysthymia or minor depression), kidney disease (not including kidney stones, bladder infection or incontinence) and vision problems (even when wearing glasses). These conditions are in addition to those already included in the survey: high blood pressure, diabetes, cardiovascular disease (heart attack, coronary heart disease, and stroke), asthma and arthritis.



Information on these chronic health conditions was obtained from the 2011 BRFSS survey. Respondents were asked if they have ever been told by a doctor, nurse or other health professional that they had the specified conditions. The differences reported on the following pages are statistically significant ($p < 0.05$) unless otherwise noted.

Results

Overall, depressive disorders had the highest prevalence while kidney disease had the lowest prevalence (Figure 1).

Compared to the national mean, Indiana's prevalence was higher for chronic obstructive pulmonary disease (8.3% vs. 6.4%, respectively) and depressive disorders (20.8% vs. 16.8%, respectively).

With the exception of depressive disorders, the prevalence of the chronic conditions increased with age. Respondents ages 65 years and older had a lower prevalence of depressive disorders than those ages 35-64 years of age.

Certain conditions had disparities by race/ethnicity. White, non-Hispanic adults were more likely than Hispanic adults to report each the select conditions with the exception of vision problems. White, non-Hispanic adults were more likely than black, non-Hispanic adults to report skin cancer (6.2% vs. 0.3%, respectively). Black, non-Hispanic adults were more likely than Hispanic adults to report other types of cancer (6.1% vs. 1.3%, respectively).

Certain conditions had disparities by level of education. Adults with less than a high school education had a higher prevalence of COPD (14.7%) than those with higher levels (3.4%-8.9%). Adults with a college degree (14.5%) had the lowest prevalence for depressive disorders compared to adults with lower education levels (21.9%-23.1%). Adults with less than a high school education were more likely than those with a college degree to report vision impairment (22.0% vs. 16.4%, respectively). Three conditions had disparities by sex (Figure 2).

Respondents who reported ever having skin cancer were less likely than those not having skin cancer to be current smokers (17.4% vs. 26.1%, respectively). Those who reported ever having COPD, emphysema or chronic bronchitis were more likely than those without to be current smokers (45.0% vs. 23.7%, respectively). Similar results were found for those who reported ever having a depressive disorder compared to those without for current smoking (39.0% vs. 22.1%, respectively).

Figure 1

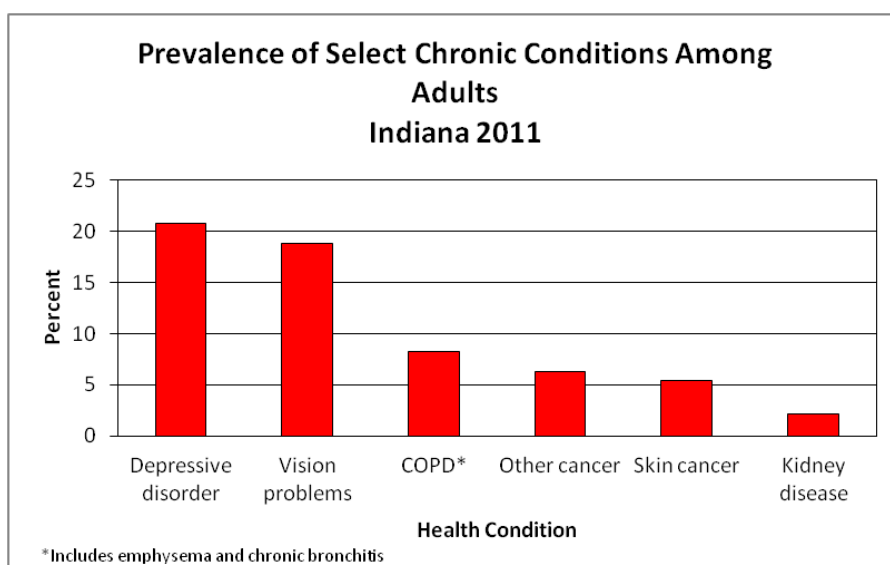
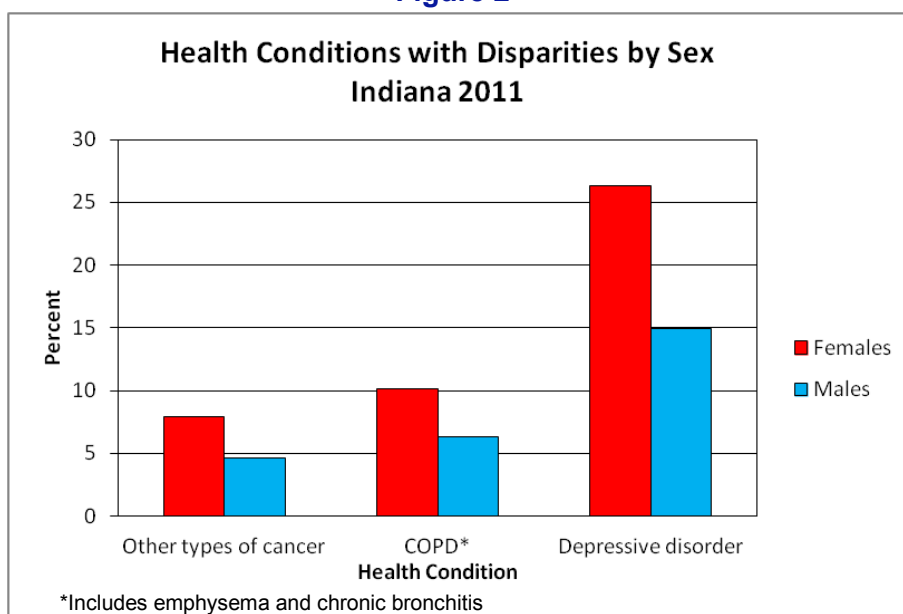


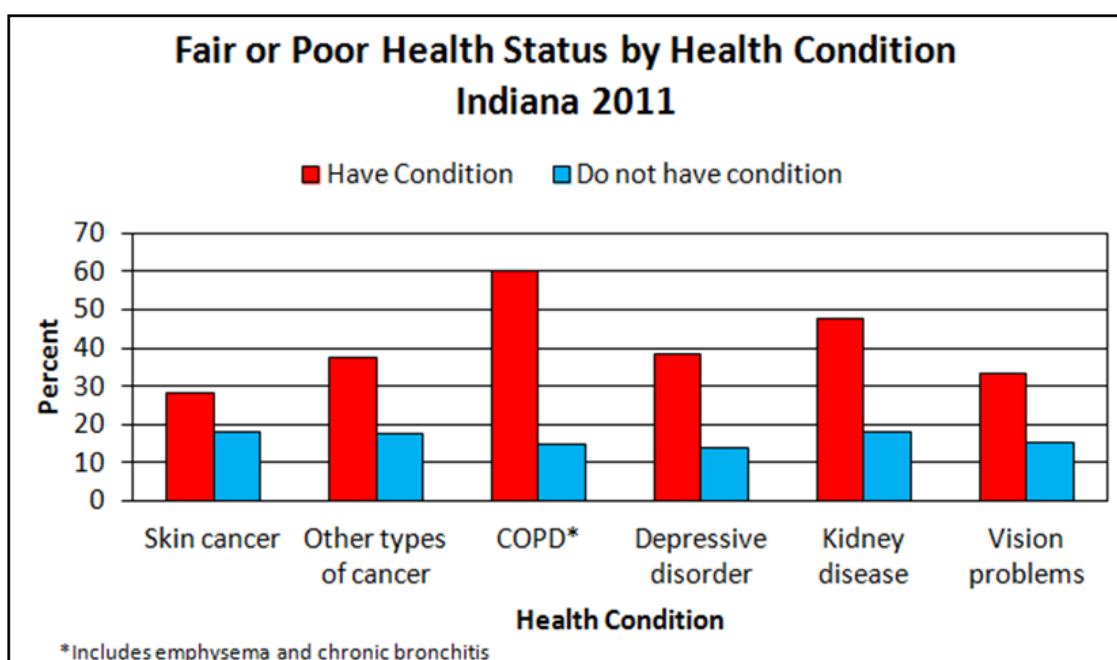
Figure 2



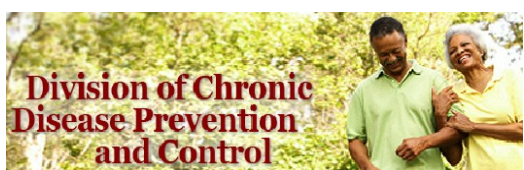
Respondents were asked how many days in the past month that poor physical or mental health kept them from their usual activities. Adults who reported ever having an other type of cancer (not skin cancer) were more likely than those without to report having poor physical or mental every day (12.7% vs. 6.9%, respectively). Similar results were found for those with COPD compared to those without (19.4% vs. 5.4%, respectively), those with a depressive disorder (13.8% vs. 4.3%, respectively), vision problems (12.3% vs. 5.7%, respectively) as well as those with kidney disease (14.3% vs. 7.0%, respectively).

Respondents were asked about their general health status. For each of the health conditions, those with the condition were more likely than those without to report fair or poor health status (Figure 3).

Figure 3



Chronic health conditions affect a large percentage of adults. For information on skin and other types of cancer, please visit the Indiana State Department of Health's (ISDH) Comprehensive Cancer Control Program at <http://www.in.gov/isdh/24969.htm> and the Indiana Cancer Consortium at <http://www.indianacancer.org>. For cancer incidence and mortality information, please visit the Indiana State Cancer Registry statistics report generator at <http://www.in.gov/isdh/24360.htm>. For information on chronic conditions, please visit the ISDH Division of Chronic Disease Prevention and Control and <http://www.in.gov/isdh/24725.htm> and the Centers for Disease Control and Prevention at <http://www.in.gov/isdh/24725.htm>.





Indiana State
Department of Health

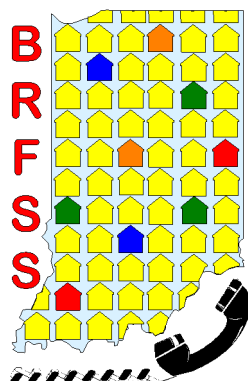
Epidemiology Resource Center
Data Analysis

2 North Meridian Street, 6-E
Indianapolis, IN 46204

Phone: 317.233.7416

Fax: 317.233.7378

E-mail: data-analysis@isdh.IN.gov



Volume 11, Issue 1

Published by
the Indiana State
Department of Health to
provide surveillance
information to Indiana
health professionals and
to the public health
community.

FIND US ON THE WEB AT:

<http://www.in.gov/isdh/22860.htm>

State Health Commissioner

William C. VanNess II MD

Chief of Staff

James Huston

Assistant Commissioner

James F. Howell, DVM, MPH, DACVPM

Data Provider

Centers for Disease Control and Prevention

Editor

Linda Stemnock, BSPH

Director, Data Analysis Team

Gary Ordway, MS

Design/Layout

Kristy Holzhausen

Surveys

Clearwater Research, Inc.

Acknowledgments

The Public Health System Development and Data Commission gratefully acknowledges the efforts of the residents of the State of Indiana who took the time to respond to the questions asked in the telephone interviews conducted for this survey.

A special acknowledgment is also extended to the staff of Clearwater Research, Inc., who committed themselves to collecting the BRFSS data in an accurate and professional manner.

The Indiana BRFSS is completed through a cooperative agreement between the Centers for Disease Control and Prevention and the Indiana State Department of Health.

This publication was supported by cooperative agreement number 5U58SO000028-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

